

standards. We have demonstrated that providing these services makes a difference. We have strong support from law enforcement. We have strong support from the healthcare community, from the mental health and substance abuse community in a broad way.

It is exciting to see this be something that really is bipartisan. I am so thrilled we have colleagues on both sides of the aisle who are supporting this effort signing on. We have more people signing on every day. That is because we believe in these clinics. We believe in the services and this way of providing services. We have seen it for ourselves, how it can change people's lives and give people the opportunity to be able to thrive.

When we introduced our original legislation, I spoke with Malkia Newman, whom I have known for many years. She lived for over 30 years with undiagnosed and untreated bipolar disorder. She finally got the treatment she needed through the community mental health system. And what she has done is truly amazing. We had Malkia come and speak as a witness for our healthcare subcommittee hearing in Finance that Senator DAINES and I did a few weeks ago, and she was amazing.

Malkia is team supervisor for the CNS Healthcare Anti-Stigma Program in Waterford, MI. She is a peer educator. She is developing and leading programming in Michigan and sharing her expertise all across the country. She is an ordained minister, and she is a board member of the Oakland Community Health Network, where she has served several terms as board chair and vice chair.

Last month, when she testified at our Senate Finance Health Subcommittee hearing, she said: I am living proof. I am living proof. I am an advocate, and I am proud to speak on behalf of those who have not yet found their voice.

Malkia found her voice. It is time to make sure that everyone in our communities has the support they need to do the same.

I am looking forward to working with my friend Senator BLUNT and all of our colleagues who have already signed on as original cosponsors, and we welcome everyone in this body to join us in moving forward legislation that we have demonstrated makes a difference—saving money, saving lives. It is now time to make these services available across the country.

I yield the floor.

The PRESIDING OFFICER (Ms. CORTEZ MASTO). The Senator from Michigan.

Ms. STABENOW. I just wanted to let my friend Senator BLUNT, whom I have been talking about now on the floor—I just wanted to say, with him here—and I knew he was going to be here shortly, but I just want to say again what a real pleasure and honor it has been to partner with my friend Senator BLUNT in this really major movement to transform the way we fund community mental health and addiction services.

And our Presiding Officer has also been a leader in this. I want to thank her for that as well. But I just want to thank my partner, as I was indicating before we came down, on the 50th anniversary of President Kennedy's signing his last bill.

And I am pleased we have been able to pick up the torch, and we are going to get it over the finish line and make sure these wonderful services are available across the country.

Mr. BLUNT. Thank you. Madam President.

The PRESIDING OFFICER. The Senator from Missouri.

EXCELLENCE IN MENTAL HEALTH AND ADDICTION TREATMENT ACT

Mr. BLUNT. Madam President, let me say, our times got changed today a little bit, and I was trying to finish another thing to get over here and hear in person what Senator STABENOW had to say. She has been an incredible leader in this effort, a great partner.

As she mentioned, we came to the floor the last day of October 2013, which was the 50th anniversary of President Kennedy's signing the Community Mental Health Act. Well-intended, but an awful lot of it just didn't get done. Facilities were closed that maybe were well overdue to be closed, but the opportunities weren't put in place to replace them as that act had hoped they would be.

I think we have been in the process of making big strides toward doing that. That was 2013. In 2014, we were able to get the first pilot project for Excellence in Mental Health put into place, an eight-State pilot project, where we were looking not only at the impact on those individuals and families who needed to have their behavioral health issue treated like all other health issues but also, frankly, looking to see what impact it had on all their other health issues when your behavioral health issue is being treated as it should be.

One of the great costs in healthcare is missed appointments. You have got to believe that almost 20 percent of the population that has a behavioral health issue is more likely to miss an appointment than everybody else, and, of course, that costs the whole system, but it particularly costs them.

If you are going to the doctor when you need to, taking the medicine you are supposed to take for any kind of health issue, eating better, sleeping better, feeling better about yourself, your health issues are dealt with in a different way.

Nearly one in five Americans, according to the NIH, has a behavioral health problem, but only a fraction of those Americans get the care they need. The NIH says they have a diagnosable—almost one out of five Americans has a diagnosable and almost always treatable behavioral health problem. But, certainly, one out of five Americans who have that problem don't get the

care they need to deal with that problem.

The COVID pandemic added to many of those challenges, and, realistically, it would, if you think about it. If you have got a behavioral health issue, that is not normally going to be helped by isolation, by worrying about healthcare for yourself or somebody you care about, wondering whether you are going to lose your job or someone in your family is going to lose their job. None of those things are going to be helpful.

The other area that comes into play there is an addiction issue of any kind. If you don't have a behavioral health issue before you have an opioid dependency or some other addiction issue, you certainly have one after that addiction takes over.

So all of those things were exacerbated by the pandemic. The percentage of Americans with symptoms of anxiety or depression grew by more than 40 percent. Drug overdose deaths increased by 20 percent between October of 2019 and 2020. It was 30 percent. I think I may have said 20–30 percent.

That was after 3 years of having drug overdose deaths headed in a dramatically different direction, but suddenly 2020 was the highest year ever for drug overdose deaths.

So the challenges of that are great. We now have 10 States, including both Missouri and Michigan, that went through a competitive process and became part of the original Excellence in Mental Health States.

In all of those States, we have certified community behavioral health clinics that have to meet standards. They have to meet standards of who staffs that clinic; they have to be available 24 hours a day, 7 days a week, with crisis management as a possibility. They can do preventive screenings. They can determine appropriate care coordination with other providers, like emergency room departments or veterans services.

All of those things make a dramatic difference in people's lives. People getting help through the clinics often have access to primary care treatment as well. I have visited a lot of those clinics in our State. I have seen what happens with these demonstration projects. They are enabling more people to get the complete healthcare they need—and, again, including mental healthcare and addictive treatment—quicker, closer to home.

In new data from the National Council for Mental Wellbeing, 84 percent of those clinics, the CCBHCs they are calling them—84 percent of them were able to see clients within the first week. I think 100 percent of them were able to see a client who needed to be seen that day, that day. I certainly hope that is the goal. I hope nobody goes to a clinic, if professionals believe you need help right now, who doesn't get help right now.

But 84 percent of the people who show up get an appointment within the

first week. That definitely was not the case 10 years ago, and it is not the case now in States that haven't become part of this program.

Ninety-five percent of those clinics are involved with law enforcement activities and nursing and criminal justice centers. In my hometown of Springfield, MO, every patrol officer who has been trained in crisis intervention has an iPad with them that they can connect anybody they are talking to with a 24/7 Burrell community health center.

And they do. I have seen that happen. I have traveled with officers who have done that. And, by the way, I am sure they didn't have me with an officer who wasn't really good, but you could see, no matter how good that officer was, the individual, when they were talking to somebody at the clinic who was a professional dealing with this all the time, you could see that conversation took on a totally different tone.

We have seen more and more efforts to try to help with substance abuse. We have been able to fund the federally qualifying clinics in new ways because of that.

So 10 States are totally in this program. Forty States, under an amendment we made a couple of years after we got started, have been able to take county units or other units that they can qualify into the Excellence in Mental Health Program.

So what we are working on now with our colleagues is an effort to, once again, make this available to the entire country. I think we have had enough proof in the last 7 years or so to show it makes a big difference.

Again, let me say, everybody has always known that this is the right thing to do, and they have always known it is the thing that even was financially smart in the long run. I think we are also showing here how, in the immediate healthcare context, it makes a financially smart investment to help somebody with their behavioral health challenges as you are working with all of their other health challenges.

Behavioral health, mental health needs to be treated like all other health. This Congress, this year, hopefully starting in this Senate, has the ability to say: OK. We are ready to open the door now to every State that wants to participate in a program that would treat mental health like all other health.

I know Senator STABENOW and I are going to be working hard together, and you are going to be helping us as we work to get this done.

Thank you for the time today. I look forward to the further debate of these issues. I think we have come a long way within the last 8 years. We can see the full opportunity here right on the horizon.

The Congressional Budget Office, every time they look at this, thinks it costs less than they thought the time before because they are seeing the overall impact in ways that we thought these pilots would prove.

So let's get this done this year. I look forward to working hard to do it and look forward to a full debate and vote on this issue on the Senate floor.

I would yield back.

The PRESIDING OFFICER. The Senator from Oklahoma.

FOR THE PEOPLE ACT OF 2021

Mr. LANKFORD. Madam President, next week looks like a busy week. That is fine. We have a lot of things we need to be able to cover and to be able to walk through as the Senate.

Next week will be particularly divisive, though, in some of the issues that are coming up. Let me give you two examples that I hear are on the docket for next week. One of them deals with how we vote in America.

In Oklahoma, we know how we vote. Each State determines its own structure of how they vote. In Oklahoma, you can do absentee mail-in voting, with no excuses. If for any reason you want to be able to mail in a ballot, you can do that. You can do in-person voting early. In fact, this year, our State legislature met, and they added another day of in-person voting. So there are lots of days of in-person voting in Oklahoma. You could actually go to the poll the day of the election and be able to vote then. It is up to you.

We have very straightforward voter ID laws. We have a system set up that if you do early voting or absentee voting, all the disputes on those are handled before election day itself, so that on election day, when the polls close at 7 p.m., we then finish all the voting—or the counting, I should say, on early absentee, on early in-person, and then we are counting the day of. Usually by about 10:30 at night on election day, we are done voting and everyone is watching all the final results in from the entire State.

It is a pretty straightforward, clean process that we have seen that is exceptionally reliable. In fact, it is so tough, in 2016, when the Russians were probing different systems to try to get into it, our State was one of the States the Russians tried to get into, couldn't get into our system, and they moved on to other States to try to get into those.

We have a secure system. We have a reliable system. But that is apparently not enough because S. 1 that is coming to the floor next week would say: Oklahoma, we are going to completely change your system. People in Washington, DC, don't like how you vote, don't like your clean, reliable efficiency. Regardless of complaints, we think we want to change it here in Washington, DC.

Interestingly enough, we have a system that can also verify if someone voted twice. In fact, in this past election, 57 people in Oklahoma voted twice. We could verify that after the fact based on all the records, and we can go back and be able to actually prosecute those individuals who chose to vote twice because that is not legal.

Here is what happens when S. 1 comes to the floor. The debate here on S. 1 will begin with no voter ID. Take away your voter ID in Oklahoma. Change the way you do early voting. In fact, change the way the ballots are actually collected entirely. No longer in Oklahoma will we know the winner of our election at 10:30 on election night. S. 1 changes that and said that ballots have to be able to be allowed to trickle in for 10 more days after the election is over. So we won't know at 10:30 at night on election night; we will know 2 weeks later who actually won the elections.

As far as a reliable system that we can all verify and check—oh, no, it changes that dramatically. It now opens up what is called ballot harvesting. Ballot harvesting would allow political operatives to go door-to-door to be able to engage with people who had mail-in ballots and to say to them "Have you mailed your ballot in?" If they say "No," they can say "Well, let's just fill it out right here on the porch, and then you can hand it to me, and I will take it in."

So on election day, what happens is, political operatives show up with boxes full of ballots and turn in boxes full of ballots with the words "Trust me; these are all good."

I would tell you, in Oklahoma, we like it better when the postman carries that ballot or when you actually turn it in to that county or precinct official so we know where it has been, that there has been an accurate chain of custody, not someone showing up with a box full of ballots saying "Trust me; I collected all of these" because when that happens and someone is just collecting ballots, you have no idea if the person voting voted for one person and left the rest of them blank and the person carrying them just filled out the rest of the ballot for them. You have no chain of custody at all on it. That is why I say S. 1 makes voting easy, cheating easy, and verifying elections impossible.

This is not the direction we should go. If we want to build trust in our election system in America, let's let each State build trust in their election system for each State, like we do in Oklahoma, where we work together to make sure we can make it as easy as possible for every person to be able to vote and to encourage every person to vote, but when it is over, to verify that election and to be able to know that we can check it all off and to go, regardless of the outcome, we can trust the outcome because we know we can verify it.

Let's make it easy to vote, hard to cheat, and easy to verify—not having Washington, DC, folks here say DC is righteous and States are wrong. I think there are lots of great people all over the country who want to do their elections right and who aren't Republicans or Democrats; they are just people protecting democracies in the States. Let's keep that system.